American Association of Poison Control Centers
Questions for the Record to the Energy and Commerce Committee
January 7, 2014

Dear Congressman Engel:

Q1. I know that a majority of the calls poison control centers take come from concerned citizens, but will you tell us what role poison control centers play for health care providers?

A1. Physicians, pre-hospital providers, nurses, pharmacists and other health care providers call poison centers for assistance with triage, diagnosis, treatment and disposition of patients with known or suspected poisoning. Initial toxicological information to determine the type and effects of poisoning and the recommended treatment protocol is most commonly provided. Toxicology consults are also requested for more difficult or unusual cases. For most healthcare providers, calling the poison center provides the only access to board-certified medical toxicologists. This access represents virtual regionalization of toxicology expertise for poisoned patients, "ensuring that the right patient gets to the right hospital at the right time and receives the right care."

Poison center assistance has been found to reduce the length of stay for hospitalizations due to poisonings. Treating poisoning patients requires extensive specialized knowledge that not all health care providers can be expected to possess and maintain. Poison centers give health care providers an independent source of clinical information on the effects of poisonings and the best practices for treatment. Poison centers may interface with health care providers in either of two situations. First, if the initial caller is a member of the general public and if the reported exposure warrants medical care, the poison centers may refer the exposed person into a health care facility; in these situations, poison centers call ahead to the health care facility to report an en route patient and follow the patient at the health care facility until resolution of the acute event. In the second situation, calls about an exposed patient may originate from a health care facility; cases originating from health care facilities increased 0.7 percent in 2012, to 19.5 percent.[1]

Site of Call and Site of Exposure, Human Exposure Cases[1]

	Site of caller		Site of exposure	
Site	**N**	**%**	**N**	**%**
Residence				
Own	1,614,433	70.96	2,074,514	91.18
Other	35,189	1.55	54,261	2.38
Workplace	24,787	1.09	35,973	1.58
Health care facility	**443,719**	**19.50**	7,132	0.31
School	10,396	0.46	28,578	1.26
Restaurant / food service	544	0.02	4,931	0.22
Public area	7,179	0.32	21,471	0.94
Other	131,215	5.77	24,447	1.07
Unknown	7,679	0.34	23,834	1.05

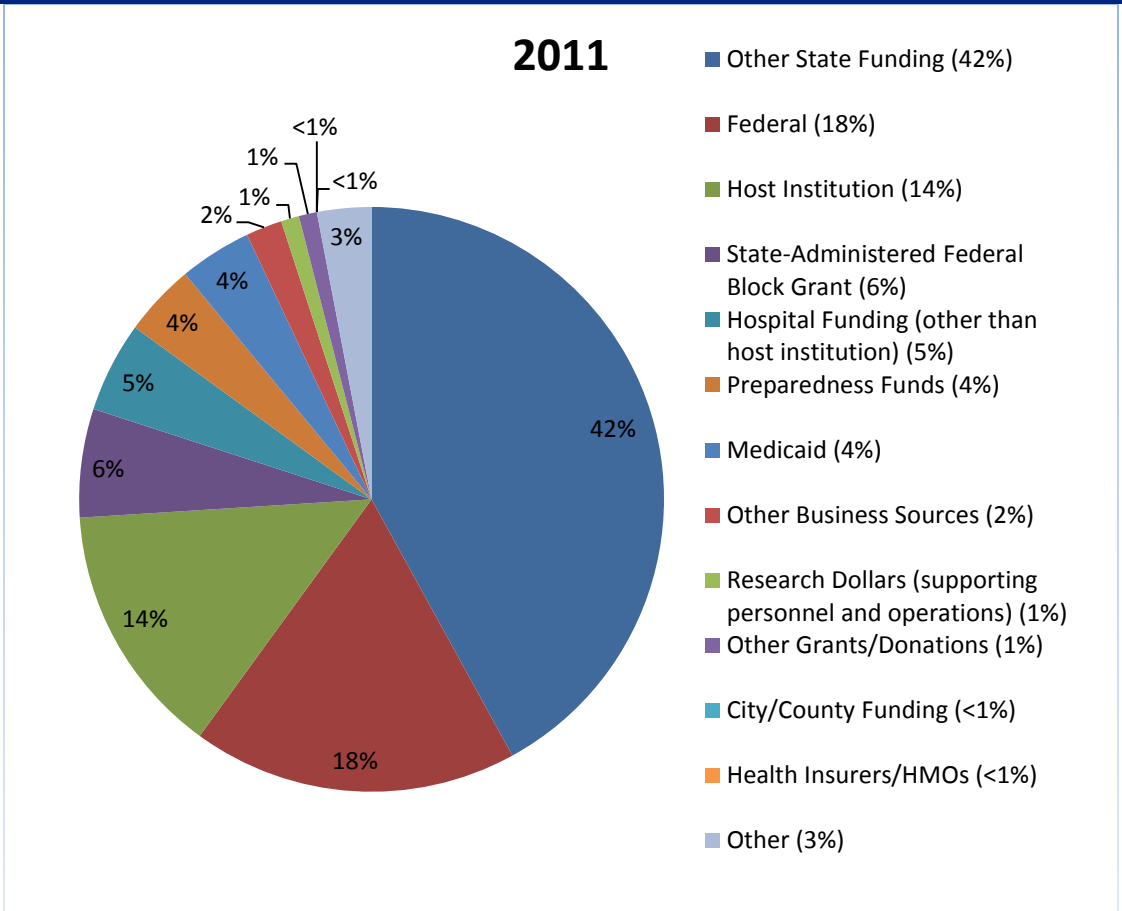
1. *Table 10.* Management Site of Human Exposures. Adapted from "2012 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 30th Annual Report," by J. B. Mowry, PharmD; D. A. Spyker, PhD, MD; et al., 2013, *Clinical Toxicology.*

Q2. Will you tell the Committee how your center obtains the funding necessary to staff its center 24 hours a day, seven days a week, 365 days a year?

A2. Poison centers obtained funding for FY2011 by way of three main sources: federal HRSA grants, state and local government funds, and private funds.

In 2011, state and local government funds (excluding state-administered block grants and Medicaid) were the primary source of funding, followed by private funds and federal HRSA grants (federal HRSA grants of $18.6 million, less 8 percent for administration which equals $17.1 million – only 13 percent of the $136 million total). All remaining public funds (federal, state, county and city) were included in state and local government funding.[2]

Source of Funding[2]	%	Amount in 2011 (in millions)
Federal HRSA Grants *(excluding administration)*	13%	$17.1
State and Local Government Funds *(including preparedness funds, Medicaid, State-Administered block grants and other state, city and county funding)*	62%	$83.8
Private Funds *(including hospital, host institution, research, grants, donations, health insurers, HMOs and other business funds)*	25%	$35.1
Total	**100%**	**$136.0**



2. American Association of Poison Control Centers. (2012). *Final Report on the Value of the Poison Center System*. Washington, D.C.: The Lewin Group, Inc.

Q3. Will you please discuss how poison centers have been impacted by this challenging fiscal environment and why reauthorizing this program in a timely manner is important?

A3. In April 2011, the federal government voted to cut funding for poison centers by about 25 percent; in December 2011, Congress again cut poison center funding by an additional 14 percent. These cuts came on top of budget cuts at the state level. Some poison centers have experienced a decrease in funding from all sources of more than 40 percent, making it difficult to continue providing services.

Unfortunately, poison center funding may be on the block again as federal and state governments develop upcoming budgets. Without this funding, most poison centers would become unstable and probably be forced to close.

With these recent funding reductions, poison centers reported that they were required to scale-back services across the board and specifically to the areas of hospital preparedness, environmental disease detection, personnel, travel, materials and education/outreach services. All poison center managers reported budget deficiencies and shared concerns about the elimination or reduction in services that occur if funding issues were not adequately addressed.[2] At this time, several poison centers providing sole service to their heavily populated states are facing serious threats of closure or partial loss of core functions, due to lack of adequate funding.

2. American Association of Poison Control Centers. (2012). *Final Report on the Value of the Poison Center System*. Washington, D.C.: The Lewin Group, Inc.